

Universal Newborn Hearing Screen Program

Commission for Children with Special Health Care Needs

982 Eastern Parkway

Louisville KY 40217

1-800-232-1160

502-595-4459 ext. 258

502-635-7853 FAX

Please complete this form on every child referred based on a hospital screening and each infant or child diagnosed with a permanent hearing loss, regardless of newborn hearing screening status (up to age 3 years of age). Please fax forms to UNHS office at 502-635-7853.

AUDIOLOGY UPDATE FORM

Audiologist / Provider: _____ **Today's Date:** ____/____/____

Facility Name and Address: _____

Patient: _____ **Date of Birth:** ____/____/____

Infant name change since discharge ☐ Yes ☐ No If yes, previous name: _____

Parents or Guardians: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Primary Care Provider: _____ **Birth Hospital:** _____

Results of Hospital Newborn Hearing Screening: ☐ Pass ☐ Refer ☐ Not Tested
(If reported that one ear referred, mark referred – as both ears should be re-tested.)

Dx Audiological Evaluation Results: Right Ear: _____

Date of Test: ____/____/____ **Left Ear:** _____

Test Method: Check all that apply: ☐ AABR; ☐ ABR; ☐ OAE; ☐ Tymp; ☐ Freq. Specific Tymp; ☐ Acoustic Reflexes;
☐ Behavioral; ☐ Pure Tone Air; ☐ Bone; ☐ Sound Field; ☐ Ear Specific (Or send a copy of the evaluation)

Check All Risk Indicators That Apply:

- ☐ Bilirubin level equal to or greater than 18 mg%
- ☐ Craniofacial anomalies/syndromes - Specify: _____
- ☐ Sepsis ☐ Seizures ☐ Meningitis
- ☐ Ototoxic medications - Specify type and duration: _____
- ☐ Maternal exposure to Rubella ☐ Mother diagnosed with Syphilis
- ☐ Infant diagnosed with Cytomegalovirus (CMV) or mother diagnosed during pregnancy
- ☐ Persistent Pulmonary Hypertension (PPHN)
- ☐ Family history of hearing loss - Specify: _____
- ☐ NICU stay equal to or greater than 5 days

Check All Recommendations:

- ☐ Hearing Aids (fit date) ____/____/____ Loaner aids available ☐ yes ☐ no
- ☐ Retest - State time frame: _____
- ☐ Assistive listening device
- ☐ Medical (PCP) referral
 - ☐ ENT
 - ☐ Genetics
 - ☐ Cardiology
 - ☐ Ophthalmology
 - ☐ Urology
 - ☐ Other _____
- ☐ First Steps referral ☐ Other Early Intervention _____